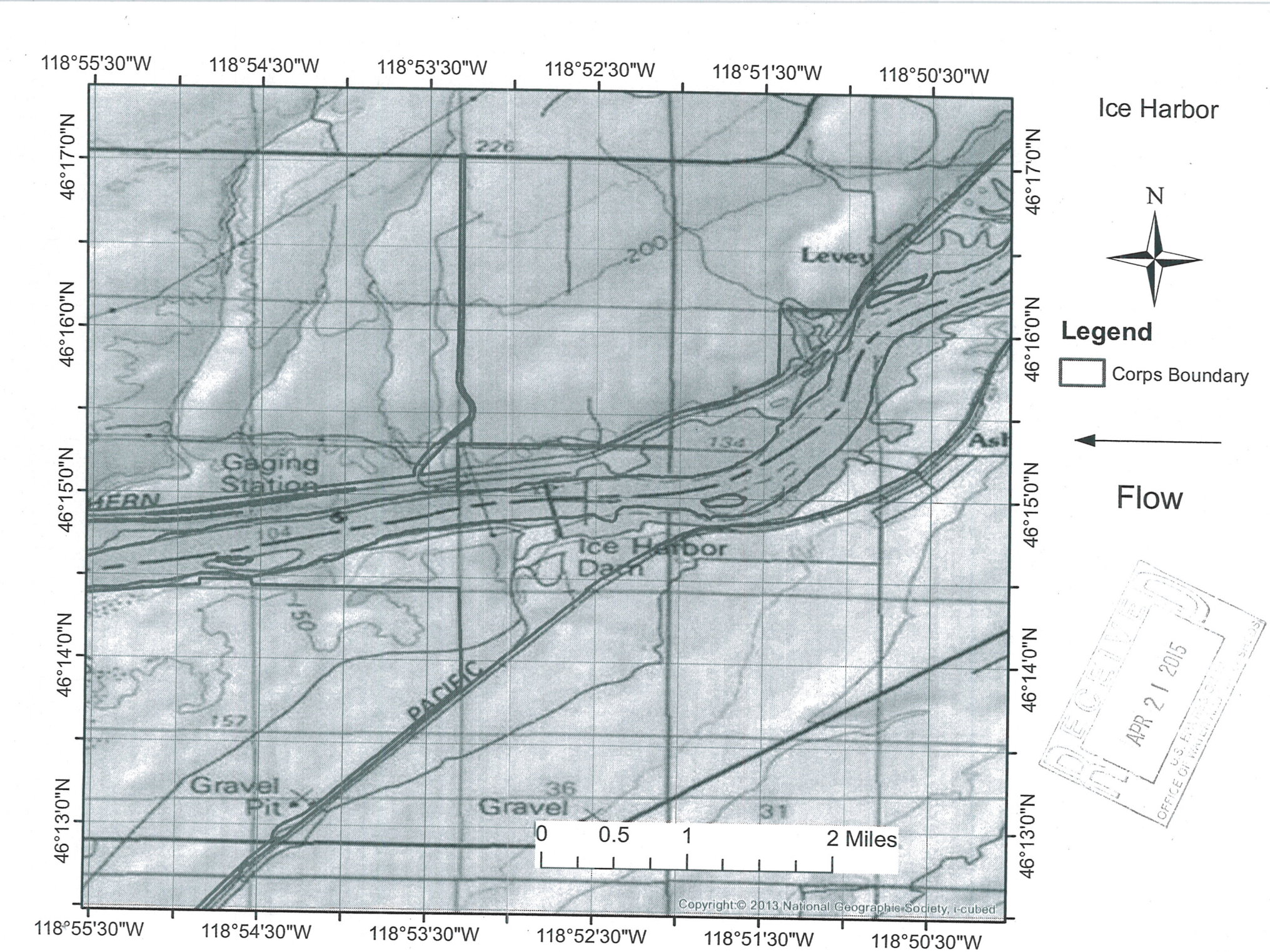
CPermit Application Review Checklist

Part (1) Application Receipt and Registration *To be completed by the Permit Clerk*	
Facility Name: Ice Harbor Lock and Dam, USACE	
Permit Number:	
Date Reminder Letter Sent for Additional Information:	None
Date of Postmark on Application Submittal :	4/21/2015
Date Application is Received in OWW: **Note**: Application transmittal letter and the first three pages of the application are to be copied. The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	4/21/2015 ----------
Date application package and Checklist are routed to Review Coordinator:	5/4/2015
Date Application Information logged into E-database:	5/4/2015
Permit Clerk Sign off & Date:	
Part (2) Application Review for Timeliness & Completeness *To be completed by Review Coordinator*	
Permit Writer of the Month (name): John Abbotts	
A. If Application is determined to be Timely and Complete: 1) Date Determination letter sent to Applicant: 2) **Go to C**. below	
B. If Application is determined to be Incomplete:	

1. Date Incomplete letter sent to Applicant: 2. Date additional information is due to R10: 3. Date additional information is received: 4. Date Application is determined complete: 5. Date Timely & Complete letter sent to Applicant: 6. **Go to C** below	
C. Check for Industrial Storm water: 1. Is the facility an Industrial Facility? 2. A municipal discharger discharging greater than 1 MGD? Or 3. Has a required pretreatment program? If yes, check Industrial E-NOI Database to see if the facility has a MSGP. http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm 4. If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits. --- **5.** Go to **E**	
D. If Application is submitted after the expiration date: 1. Date expiration letter sent to Applicant 2. Go to E below	
E. Date package is routed to NCU Database Manager: (**Note**: NCU Database Manager is to receive copies of <u>all</u> correspondence along with application and this checklist)	
Application Information logged into E-database	
Review Coordinator Sign off and Date	
<u>Part (3) ICIS/PCS Database Entry</u> *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	

Data-entry Staff (name):	
Date permit information is entered into ICIS/PCS:	
Date permit information is returned to NCU Database Manager:	
Date application, letters and this Checklist are routed to Permit Clerk:	
Date Application Information logged into E-database:	
NCU Database Manager Sign off & Date	
Part (4) Final Filing of Application in Permit File *To be completed by Permit Clerk*	
Date Application, letters and checklist are filed in Permit File:	
Date final information on application review process entered into E-database:	
Permit Clerk Sign off & Date:	
Comment Section:	


Ice Harbor
N
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Gaging Station
Ice Harbor Dam
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Copyright© 2013 National Geographic Society, i-cubed
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46°15'0"N
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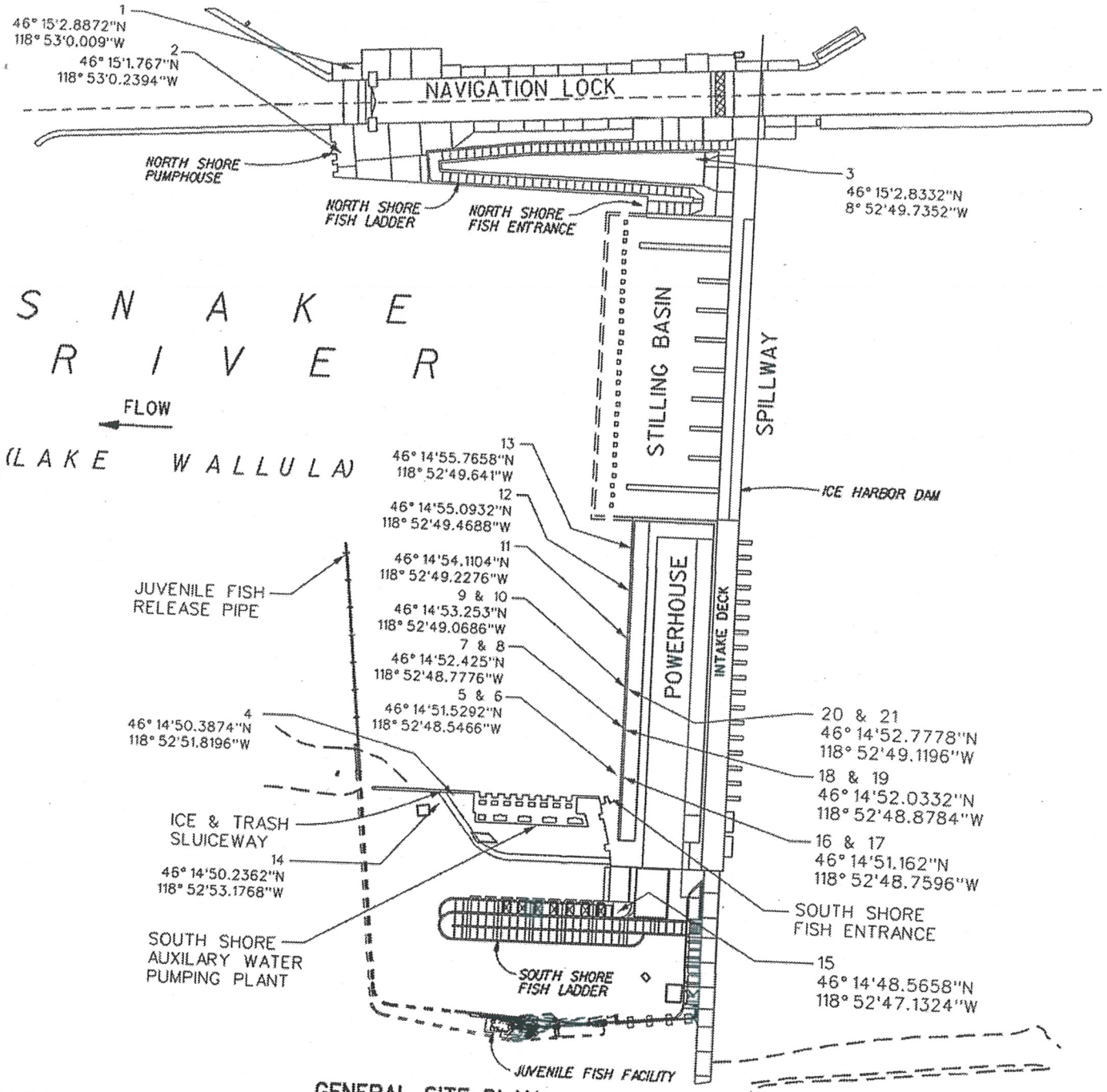
APR 21 2015
U.S. ARMY CORPS OF ENGINEERS
OFFICE OF WATER REGULATION

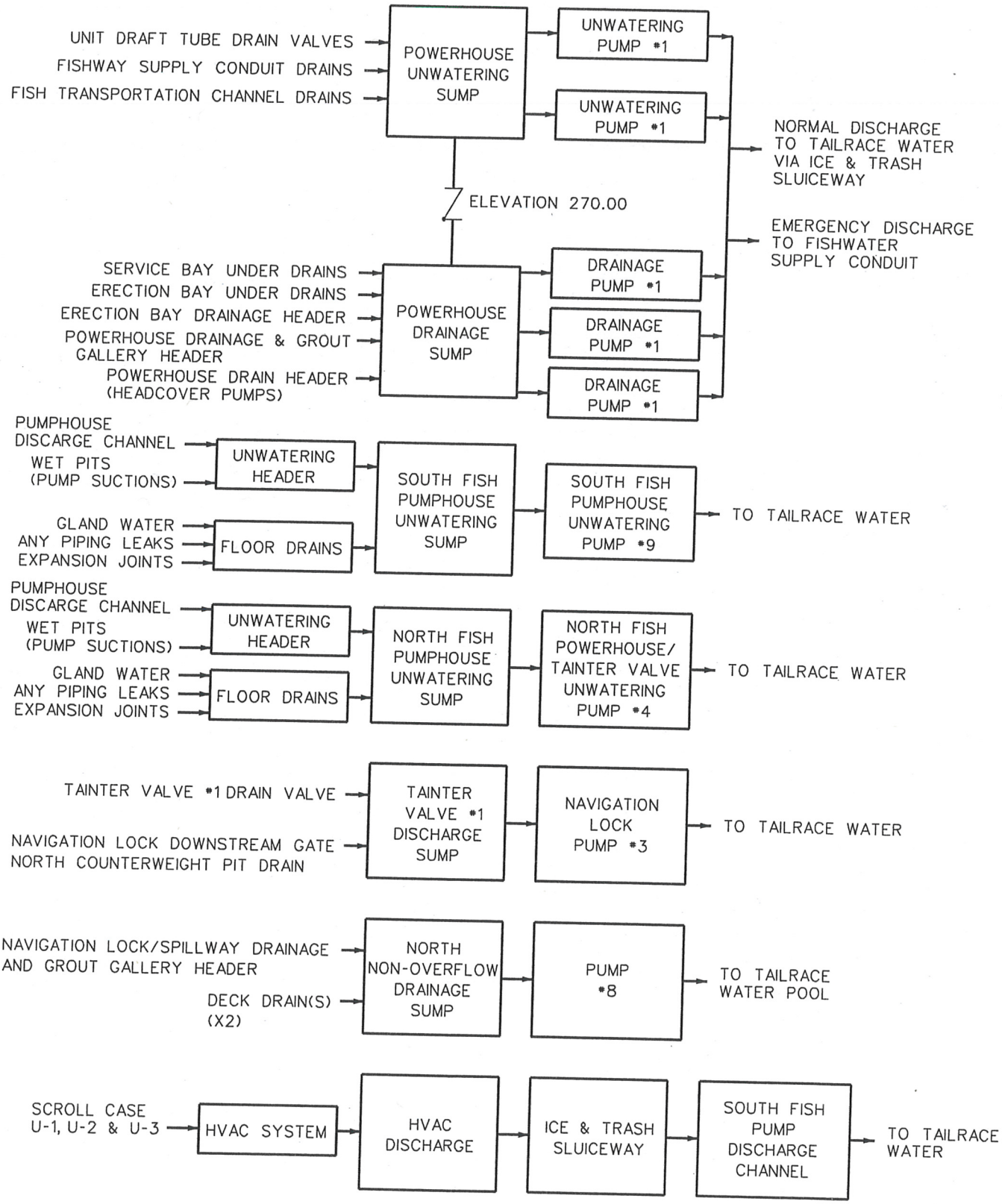


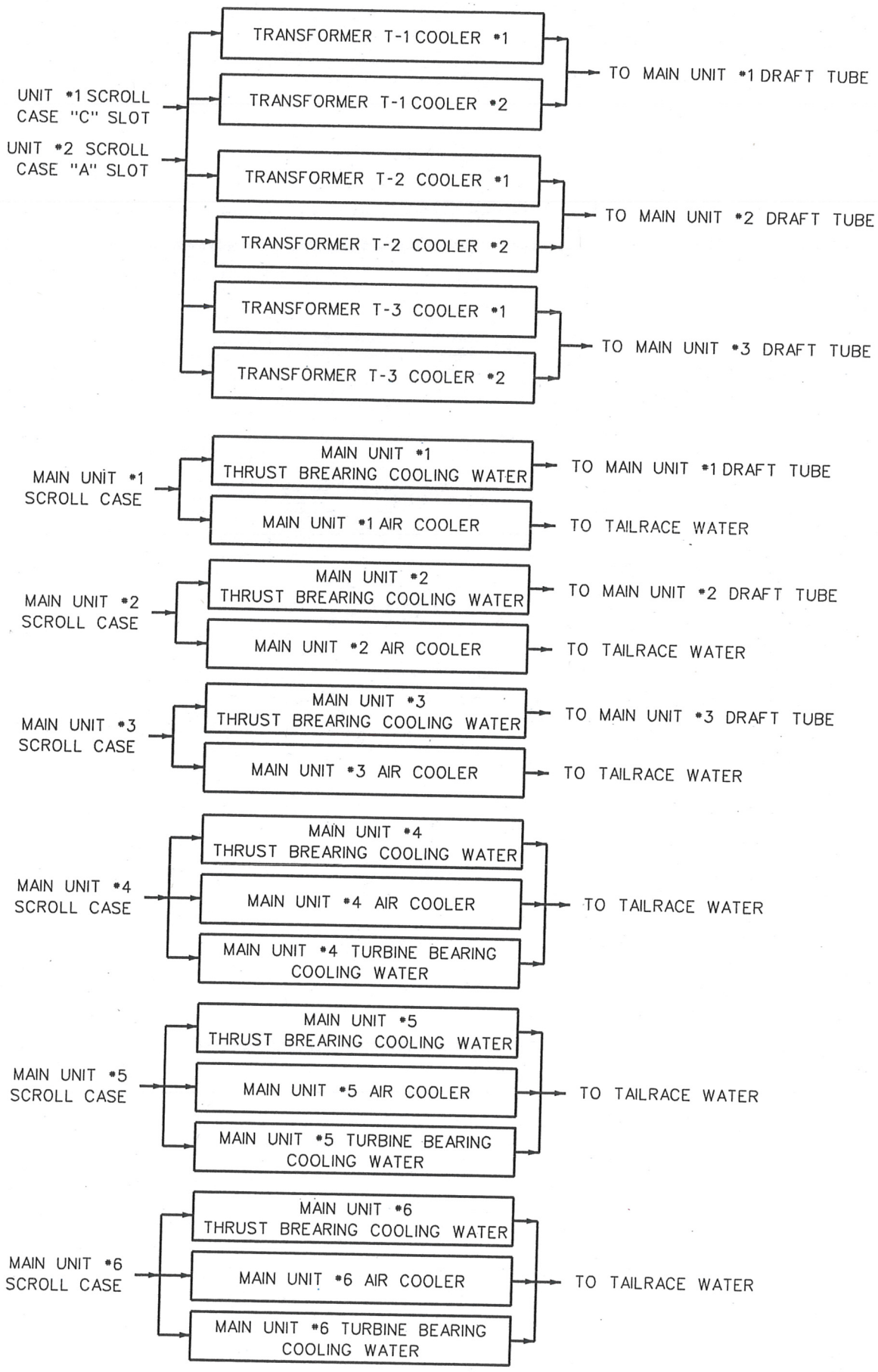
GENERAL SITE PLAN

NOTES:

1. NAVIGATION LOCK PUMP 3: TAINTER VALVE #1 DRAINAGE SUMP DISCHARGE.
2. NAVIGATION LOCK PUMP4: NORTH FISH PUMPHOUSE UNWATERING SUMP DISCHARGE.
3. NAVIGATION LOCK PUMP 8: NORTH NON-OVERFLOW DRAINAGE SUMP DISCHARGE.
4. PUMP 9: SOUTH FISH PUMPHOUSE UNWATERING SUMP DISCHARGE.
5. MAIN UNIT 1 AIR COOLER-NON CONTACT COOLING WATER.
6. MAIN UNIT 1 THRUST BEARING-NON CONTACT COOLING WATER.
7. MAIN UNIT 2 AIR COOLER-NON CONTACT COOLING WATER.
8. MAIN UNIT 2 THRUST BEARING-NON CONTACT COOLING WATER.
9. MAIN UNIT 3 AIR COOLER-NON CONTACT COOLING WATER.
10. MAIN UNIT 3 THRUST BEARING-NON COOLING WATER.
11. MAIN UNIT 4-NON CONTACT COOLING WATER.
12. MAIN UNIT 5-NON CONTACT COOLING WATER.
13. MAIN UNIT 6-NON CONTACT COOLING WATER.
14. DRAINAGE AND UNWATER SUMP PUMPS DISCHARGE.
15. HVAC DISCHARGE.
16. TRANSFORMER COOLER 1-1.
17. TRANSFORMER COOLER 1-2.
18. TRANSFORMER COOLER 2-1.
19. TRANSFORMER COOLER 2-2.
20. TRANSFORMER COOLER 3-1.
21. TRANSFORMER COOLER 3-2.

OUTFALL WATER SOURCE FLOW CHART




TRANSFORMER T-1 COOLER *1
TRANSFORMER T-1 COOLER *2
TO MAIN UNIT *1 DRAFT TUBE
UNIT *1 SCROLL CASE "C" SLOT
UNIT *2 SCROLL CASE "A" SLOT
TRANSFORMER T-2 COOLER *1
TRANSFORMER T-2 COOLER *2
TO MAIN UNIT *2 DRAFT TUBE
TRANSFORMER T-3 COOLER *1
TRANSFORMER T-3 COOLER *2
TO MAIN UNIT *3 DRAFT TUBE
MAIN UNIT *1 SCROLL CASE
MAIN UNIT *1 THRUST BREARING COOLING WATER
TO MAIN UNIT *1 DRAFT TUBE
MAIN UNIT *1 AIR COOLER
TO TAILRACE WATER
MAIN UNIT *2 SCROLL CASE
MAIN UNIT *2 THRUST BREARING COOLING WATER
TO MAIN UNIT *2 DRAFT TUBE
MAIN UNIT *2 AIR COOLER
TO TAILRACE WATER
MAIN UNIT *3 SCROLL CASE
MAIN UNIT *3 THRUST BREARING COOLING WATER
TO MAIN UNIT *3 DRAFT TUBE
MAIN UNIT *3 AIR COOLER
TO TAILRACE WATER
MAIN UNIT *4 SCROLL CASE
MAIN UNIT *4 THRUST BREARING COOLING WATER
MAIN UNIT *4 AIR COOLER
MAIN UNIT *4 TURBINE BEARING COOLING WATER
TO TAILRACE WATER
MAIN UNIT *5 SCROLL CASE
MAIN UNIT *5 THRUST BREARING COOLING WATER
MAIN UNIT *5 AIR COOLER
MAIN UNIT *5 TURBINE BEARING COOLING WATER
TO TAILRACE WATER
MAIN UNIT *6 SCROLL CASE
MAIN UNIT *6 THRUST BREARING COOLING WATER
MAIN UNIT *6 AIR COOLER
MAIN UNIT *6 TURBINE BEARING COOLING WATER
TO TAILRACE WATER

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: S F | T/A | C D

LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE
I. EPA I.D. NUMBER	
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? ~~(FORM 2C)~~ (Form 2E)	X		X
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: ICE HARBOR LOCK AND DAM, USACE

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*: 2 STEVEN D HENINGER ENVIRONMENTAL COMPLIANCE COORDINATOR

B. PHONE *(area code & no.)*: (509) 543-3204

V. FACILTY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 2763 MONUMENT DR

B. CITY OR TOWN: 4 BURBANK

C. STATE: WA

D. ZIP CODE: 99323

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 2763 MONUMENT DR

B. COUNTY NAME: WALLA WALLA

C. CITY OR TOWN: 6 BURBANK

D. STATE: WA

E. ZIP CODE: 99323

F. COUNTY CODE *(if known)*:

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4911 *(specify)*	N/A *(specify)*

C. THIRD	D. FOURTH
N/A *(specify)*	N/A *(specify)*

VIII. OPERATOR INFORMATION

A. NAME: U.S. ARMY CORPS OF ENGINEERS, WALLA WALLA DISTRICT

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

F *(specify)*

D. PHONE *(area code & no.)*: (509) 527-7700

E. STREET OR P.O. BOX: 201 N THIRD AVE

F. CITY OR TOWN: WALLA WALLA

G. STATE: WA

H. ZIP CODE: 99362

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
N/A	N/A

B. UIC *(Underground Injection of Fluids)*	E. OTHER *(specify)*
N/A	N/A *(specify)*

C. RCRA *(Hazardous Wastes)*	E. OTHER *(specify)*
N/A	N/A *(specify)*

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

ICE HARBOR LOCK AND DAM IS A FEDERAL HYDRO-ELECTRIC GENERATION FACILITY DESIGNED TO PROVIDE THE FOLLOWING FEDERAL SERVICES ON THE SNAKE RIVER:
- GENERATE ELECTRICTY FROM THE OPERATION OF HYDRO-ELECTRIC TURBINE GENERATORS.
- MINIMIZE THE ENVIRONMENTAL IMPACT OF FLOOD CONDITIONS BY CONTROLLING THE WATER LEVEL IN THE DAM'S POOL.
- PROVIDE A NAVIGATION LOCK FOR THE UPSTREAM AND DOWNSTREAM MOVEMENT OF COMMERCIAL AND RECREATIONAL VESSELS.
- FACILITATE AND MONITOR THE PASSAGE OF ADULT AND JUVENILLE FISH.

RECEIVED
APR 21 2015
OFFICE OF WATER PROGRAMS

XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
LTC Timothy R. Vail District Commander		

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
001	46.0(	15.0(	3.00	118.(	53.0(	0.50	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)* See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	102.7lbs/day	5.7 mg/L	4.9 lbs/day	5.7 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	30.6 lbs/day	1.7 mg/L	1.4 lbs/day	1.7 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1500 GPM		0.104 MGD		0.00	
pH *(give range)*	Value 7.50-8.50				1.00	
Temperature *(Winter)*		°C		°C	0.00	
Temperature *(Summer)*		22.20 °C		°C	1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 001, Navigation Lock Pump 3: This pump takes a suction from the Tainter Valve #1 drainage sump. The Tainter Valve #1 drainage sump receives input from the Tainter Valve #1 Drain Valve and the Navigation Lock downstream gate north counterweight pit drain. The discharge is intermittent because the pump is on a float switch and only operates when the sump level is high enough to pump down.

- Average Daily Flow is not currently recorded

- Outfall was sampled with a grab sample; there was not sufficient runtime for a continuous sample.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Please see attached sheet for additional information.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only. | EPA ID Number (copy from Item 1 of Form 1) | Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
002	46.0(	15.0(	1.00	118.(	53.0(	0.20	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*
12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)* See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.
N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	177.3lbs/day	9.84 mg/L	8.53 lbs/day	9.84 mg/L	1.00	
Total Suspended Solids (TSS)	153.1lbs/day	8.5 mg/L	7.4 lbs/day	8.5 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	1.03 lbs/day	0.057 mg/L	0.05 lbs/day	0.057 mg/L	1.00	
Oil and Grease	79.3 lbs/day	4.4 mg/L	3.8 lbs/day	4.4 mg/L	1.00	
*Chemical oxygen demand (COD)	468.4lbs/day	26 mg/L	22.5 lbs/day	26 mg/L	1.00	
*Total organic carbon (TOC)	122.5lbs/day	6.8 mg/L	22.6 lbs/day	6.8 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1500 GPM		0.104 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	14.80 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 002, Navigation Lock Pump 4: This pump takes suction from the North Fish Pumphouse Unwatering Sump, which receives input from two sources; the Unwatering Header and various Floor Drains. This Unwatering Header receives input from the pumphouse discharge channel and the wet pits. The Floor Drains receive input from various gland water, expansion joints, any leaking pipes and a bubbler at the end of the potable water line that provides a small amount of flow for residual chlorine levels. The discharge is intermittent because the pump is on a float switch and only operates when the sump level is high enough to pump down.

- Average Daily Flow not currently recorded

- Outfall was sampled with a grab sample; there was not sufficient runtime for a continuous sample.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

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Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
003	46.0(	15.0(	2.00	118.(	52.0(	49.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)* See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

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B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	18.0 lbs/day	3 mg/L	3.5 lbs/day	3 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	9.0 lbs/day	1.5 mg/L	1.7 lbs/day	1.5 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 500 GPM		0.139 MGD		0.00	
pH *(give range)*	Value 7.50-8.50				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	19.40 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 003, Navigation Lock Pump 8: This pump takes a suction from the North Non-overflow Drainage Sump which receives input from Navigation Lock/Spillway drainage and grout gallery header and two deck drains. The discharge is intermittent because the pump is on a float switch and only operates when the sump level is high enough to pump down.

- Average Daily Flow is approximately 4.6 hours at 500gpm (or 138,621 gallons per day).

- Outfall was sampled with a grab sample; there was not sufficient runtime for a continuous sample.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
004	46.0(	14.0(	50.0(	118.(	52.0(	51.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)* See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	180.1 lbs/da	10 mg/L	8.7 lbs/day	10 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	28.8 lbs/day	1.6 mg/L	1.4 lbs/day	1.6 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1500 GPM		0.104 MGD		0.00	
pH *(give range)*	Value 7.50-8.50				1.00	
Temperature *(Winter)*		°C		°C	0.00	
Temperature *(Summer)*	20.90 °C			°C	1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

Outfall 004, South Fish Pumphouse Pump 9: This pump takes a suction from the South Fish Pumphouse Unwatering Sump which receives input from two sources; the Unwatering Header and various Floor Drains. The Unwatering Header receives input from the Pumphouse Discharge Channel and Wet Pits. The Floor Drains receive input from pump gland cooling water, expansion joints and and leaking pipes. The discharge is intermittent because the pump is on a float switch and only operates when the sump level is high enough to pump down.

- Average Daily Flow is not currently recorded

- Outfall was sampled with a grab sample; there was not sufficient runtime for a continuous sample.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
005	46.0(	14.0(	51.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	49.0 lbs/day	3.4 mg/L	49.0 lbs/day	3.4 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	30.3 lbs/day	2.1 mg/L	30.3 lbs/day	2.1 mg/L	1.00	
Ammonia *(as N)*	0.69 lbs/day	0.048 mg/L	0.69 lbs/day	0.048 mg/L	1.00	
Discharge Flow	Value 1200 GPM		1.728 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	24.20 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 005, Main Unit #1 Air Cooler Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 1,200 gpm when the unit is operating for a maximum daily flow of 1,728,000 gallons per day.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Outfalls 005, 007, and 009 are substantially identical discharges of non-contact cooling water from each main unit.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
006	46.0(	14.0(	51.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	7.1 lbs/day	4.9 mg/L	7.1 lbs/day	4.9 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	3.0 lbs/day	2.1 mg/L	3.0 lbs/day	2.1 mg/L	1.00	
Ammonia *(as N)*	0.06 lbs/day	0.043 mg/L	0.06 lbs/day	0.043 mg/L	1.00	
Discharge Flow	Value 120 GPM		0.1728 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	26.10 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 006, Main Unit #1 Thrust Bearing Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 120 gpm when the unit is operating for a maximum daily flow of 172,800 gallons per day.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Outfalls 006, 008, and 010 are substantially identical discharges of non-contact cooling water from each main unit.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
007	46.0(	14.0(	52.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1200 GPM		1.728 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 007, Main Unit #2 Air Cooler Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 1,200gpm when the unit is operating for a maximum daily flow of 1,728,000 gallons per day.

- This outfall was not sampled due to Main Unit #2 not in operation

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
008	46.0(	14.0(	52.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	*(or)* (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 120 GPM		0.1728 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 008, Main Unit #2 Thrust Bearing Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 120gpm when the unit is operating for a maximum daily flow of 172,800 gallons per day.

- Sample was not taken due to Main Unit #2 not operating

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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EPA ID Number (copy from Item 1 of Form 1)

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
009	46.0(	14.0(	53.0(	118.(	52.0(	49.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1200 GPM		1.728 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 009 Main Unit #3 Air Cooler Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 1,200gpm when the unit is operating for a maximum daily flow of 1,728,000 gallons per day.

- This outfall was not sampled due to Main Unit #3 not in operation

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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EPA ID Number (copy from Item 1 of Form 1)

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
010	46.0(	14.0(	53.0(	118.(	52.0(	49.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 120 GPM		0.1728 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?
If yes, briefly describe the frequency of flow and duration.

☑ Yes ☐ No

Outfall 010, Main Unit #3 Thrust Bearing Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 120gpm when the unit is operating for a maximum daily flow of 172,800 gallons per day.

- Sample was not taken due to Main Unit #3 not operating

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
011	46.0(	14.0(	54.0(	118.(	52.0(	19.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1950 GPM		2.808 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 011 Main Unit #4 Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 1,950gpm when the unit is operating for a maximum daily flow of 2,808,000 gallons per day.

- This outfall was not sampled due to Main Unit #4 not in operation

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Outfalls 011-013 are substantially identical discharges of non-contact cooling water from each main unit.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509). 527-7700
C. Signature	D. Date Signed

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
012	46.0(	14.0(	55.0(	118.(	52.0(	49.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1950 GPM		2.808 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 012 Main Unit #5 Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 1,950gpm when the unit is operating for a maximum daily flow of 2,808,000 gallons per day.

- This outfall was not sampled due to Main Unit #5 not in operation

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
013	46.0(	14.0(	55.0(	118.(	52.0(	49.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 1950 GPM		2.808 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 013 Main Unit #6 Non-Contact Cooling Water: This discharge is intermittent because the cooling water is secured while the main unit is shut down.

- Average Flow is approximately 1,950gpm when the unit is operating for a maximum daily flow of 2,808,000 gallons per day.

- This outfall was not sampled due to Main Unit #6 not in operation

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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EPA ID Number (copy from Item 1 of Form 1)

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
014	46.0(	14.0(	50.0(	118.(	52.0(	53.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling Water ☑ Other Nonprocess Wastewater *(Identify)* See Flow Diagram

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	378.3lbs/day	3.0 mg/L	101.3lbs/day	3.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	517.0lbs/day	4.1 mg/L	138.5lbs/day	4.1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	214.4lbs/day	1.7 mg/L	57.4 lbs/day	1.7 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 10500 GPM		4.05 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	17.90 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☑ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

Outfall 014 Combined Drainage and Unwatering Sump Pumps Discharge: This outfall is the result of the discharge from three Drainage Sump Pumps and/or two Unwatering Sump Pumps. The three Drainage Sump Pumps take a suction from the Powerhouse Drainage Sump, which receives input from: Service bay under drains, erection bay under drains, erection bay drainage header, powerhouse drainage & grout gallery header, and the Main Unit headcover pumps. The two Unwatering Sump Pumps take a suction from the Powerhouse Unwatering Sump, which receives input from: unit draft tube drain valves, fishway supply conduit drains and the fish transporation channel drains. These sumps are crossconnected at the 270' above sea level point. This discharge is intermittent because the pumps are on a float and only operate to maintain level in the normally controlled band.

- Average Flow is approximately 3,489,832 gallons per day for the drainage pumps and 557,676 gallons per day for the unwatering sump pumps for a combined average flow of 4,047,508 gallons per day.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
015	46.0(	14.0(	48.0(	118.(	52.0(	47.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*
12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.
N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(or) (4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	86.3 lbs/day	6.3 mg/L	86.3 lbs/day	6.3 mg/L	1.00	
Total Suspended Solids (TSS)	205.4lbs/day	15.0 mg/L	205.4lbs/day	15.0 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	260.1lbs/day	19.0 mg/L	260.1lbs/day	19.0 mg/L	1.00	
*Total organic carbon (TOC)	58.9 lbs/day	4.3 mg/L	58.9 lbs/day	4.3 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 1140 GPM		1.6416 MGD		0.00	
pH *(give range)*	Value 7.00-8.00				1.00	
Temperature *(Winter)*		°C		°C	0.00	
Temperature *(Summer)*		°C		°C	1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

This is a continuous flow through the HVAC system.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
016	46.0(	14.0(	51.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	6.4 lbs/day	2.8 mg/L	6.4 lbs/day	2.8 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	5.3 lbs/day	2.2 mg/L	5.3 lbs/day	2.2 mg/L	1.00	
Ammonia *(as N)*	0.08 lbs/day	0.032 mg/L	0.08 lbs/day	0.032 mg/L	1.00	
Discharge Flow	Value 200 GPM		0.288 MGD		0.00	
pH *(give range)*	Value 7.50-8.50				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	21.30 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

The cooling water continuously flows through the heat exchanger for transformer cooler 1-1.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Outfalls 016-021 are substantially identical discharges of non-contact cooling water from each transformer.

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
017	46.0(	14.0(	51.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	0.0 lbs/day	<2 mg/L	0.0 lbs/day	<2 mg/L	1.00	
Total Suspended Solids (TSS)	6.2 lbs/day	2.6 mg/L	6.2 lbs/day	2.6 mg/L	1.00	
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	NA	NA	NA	NA	0.00	
Total Residual Chlorine *(if chlorine is used)*	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (COD)	0.0 lbs/day	<10 mg/L	0.0 lbs/day	<10 mg/L	1.00	
*Total organic carbon (TOC)	5.8 lbs/day	2.4 mg/L	5.8 lbs/day	2.4 mg/L	1.00	
Ammonia *(as N)*	0.0 lbs/day	<0.03 mg/L	0.0 lbs/day	<0.03 mg/L	1.00	
Discharge Flow	Value 200 GPM		0.288 MGD		0.00	
pH *(give range)*	Value 7.50-8.50				1.00	
Temperature *(Winter)*	°C		°C		0.00	
Temperature *(Summer)*	24.20 °C		°C		1.00	

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

The cooling water continuously flows through the heat exchanger for transformer cooler 1-2.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title	B. Phone No. *(area code & no.)*
LTC Timothy R. Vail District Commander	(509) 527-7700
C. Signature	D. Date Signed

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
018	46.0(	14.0(	52.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

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Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 200 GPM		0.288 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

The cooling water continuously flows through the heat exchanger for transformer cooler 2-1.

The transformer was down and not sampled.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

VIII. CERTIFICATION

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
019	46.0(	14.0(	52.0(	118.(	52.0(	48.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

N/A

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

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Pollutant or Parameter	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3) Number of Measurements Taken *(last year)*	(or) (4) Source of Estimate *(if new discharger)*
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 200 GPM		0.288 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

The cooling water continuously flows through the heat exchanger for transformer cooler 2-2.

The transformer was down and not sampled.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

N/A

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
020	46.0(	14.0(	52.0(	118.(	52.0(	49.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☑ Noncontact Cooling Water ☐ Other Nonprocess Wastewater *(Identify)*

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

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	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 200 GPM		0.288 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

The cooling water continuously flows through the heat exchanger for transformer cooler 3-1.

The transformer was down and not sampled.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

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FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
021	46.0(	14.0(	52.0(	118.(	52.0(	49.0(	SNAKE RIVER

II. DISCHARGE DATE *(If a new discharger, the date you expect to begin discharging)*

12/01/1961

III. TYPE OF WASTE

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	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if sanitary waste is discharged)*						
Total Residual Chlorine *(if chlorine is used)*						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia *(as N)*						
Discharge Flow	Value 200 GPM		0.288 MGD		0.00	
pH *(give range)*	Value					
Temperature *(Winter)*		°C		°C		
Temperature *(Summer)*		°C		°C		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☑ No

If yes, briefly describe the frequency of flow and duration.

The cooling water continuously flows through the heat exchanger for transformer cooler 3-2.

The transformer was down and not sampled.

VI. TREATMENT SYSTEM *(Describe briefly any treatment system(s) used or to be used)*

N/A

VII. OTHER INFORMATION *(Optional)*

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N/A

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VII. OTHER INFORMATION

Ice Harbor Project

Background water samples were taken each of the sampling days. The following results are the high values over the two days:

TEMP °C	pH	BOD mg/L	TSS mg/L	COD mg/L	TOC mg/L	AMMONIA mg/L	OIL/GREASE mg/L	PCB mg/L
22.1	8.36	<2.0	3.9	12.5	1.9	0.03	ND	ND

In addition to the outfalls specifically identified in this permit application Ice Harbor Project is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 6 Kaplan Runners.
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of water from the scroll case to the turbine runner and other in-water equipment. During the lubrication process grease is pushed through equipment and can be released directly to the river. The system automatically greases the bushings when the unit is operating per manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.